

AMHS 3.1.4UNCLASSIFIED/III MEF FORCE HEALTH PROTECTION (FHP) REQUIREMENTS 2014

Originator:CG III MEF MED(UC)

DTG:210518Z Jun 13 Precedence: Routine DAC: General

To:CG 1ST MAW G-1(UC), CG 1ST MAW MED(UC), CG 1ST MAW(UC), CG 3D MLG G-1(UC), CG 3D MLG HSSE(UC), CG 3D MLG(UC), CG 3RD MARDIV G-1(UC), CG 3RD MARDIV(UC)

CC:CG III MEF G-1(UC), CG III MEF MED(UC), CG III MEF(UC), DEP CG III MEF(UC)

UNCLASSIFIED/

UNCLASSIFIED//

MSGID/GENADMIN/CG III MEF FORCE SURGEON//

REF/A/WEB/WWW.INTELINK.GOV/-//

REF/B/ WEB/WWW.CDC.GOV/TRAVEL/PAGE/YB-2012-HOME.HTM/-//

REF/C/ TECHNICAL MANUAL NMCPHC-TM-PM 6250.12/-//

REF/D/DOC/ DODINST 6200.05 /-//

REF/F/DOC/ DOD DIRECTIVE 6490.05 /-//

REF/G/DOC/ BUMEDNOTE 6230 /-//

REF/I/DOC/ BUMEDINST 6230.15B IMMUNIZATIONS AND CHEMOPROPHYLAXIS/-//REF/J/DOC/NAVMED P-5010 MANUAL OF NAVAL PREVENTIVE MEDICINE/-//

REF/K/ WEB/WWW-NMCPHC.MED.NAVY.MIL/MAIN.HTM/-//

REF/L/ WEB/WWW.WHO.INT/EN/-//

REF/M/DOC/BUMEDINST 6224.8B CH-2/8 21 FEB 2013./-//

REF/N/DOC/MCBJ/III MEF FO 6200.1A./-//

REF/P/DOC/ OPNAVINST 6100.3/-//

NARR/ REF A IS THE UNCLASSIFIED WEBSITE WITH UP TO DATE

HEALTH/ENVIRONMENTAL ADVISORIES AND COUNTERMEASURES INFORMATION FOR THE III MEF AREA OF OPERATIONS (AO).

REF B IS THE CDC WEBSITE FOR THE YELLOW BOOK ON HEALTH INFORMATION FOR INTERNATIONAL TRAVEL, 2012.

REF C IS THE NAVY AND MARINE CORPS PUBLIC HEALTH CENTERS GUIDANCE FOR SURVEILLANCE AND REPORTING.

REF D IS THE DEPARTMENT OF DEFENSE INSTRUCTION FOR FORCE HEALTH PROTECTION QUALITY ASSURANCE DURING DEPLOYMENTS.

REF F IS DOD COMBAT STRESS CONTROL (CSC) PROGRAMS.

REF I PROVIDE IMMUNIZATION GUIDANCE.

REF G PROVIDES GUIDANCE ON HPV VACCINE USAGE.

REF J AND K PROVIDE DETAILED GUIDANCE ON NAVAL PREVENTIVE MEDICINE SERVICES.

REF L IS THE WORLD HEALTH ORGANIZATION WEBSITE WITH COUNTRY SPECIFIC DISEASE THREAT INFORMATION.//

REF M IS THE BUMED INSTRUCTION FOR TUBERCULOSIS CONTROL PROGRAM AND NAVMED 6224/8 SCREENING FORM

REF N IS EXERTIONAL HEAT INJURY (EHI) PREVENTION AND MANAGEMENT.

REF P IS THE DEPLOYMENT HEALTH (DHA) PROCESS.

POC//LCDR DIERKS,J. / PREVENTIVE MEDICINE OFFICER /622-2518/

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GENTEXT/REMARKS//1. THIS MESSAGE PROVIDES III MEF FHP GUIDANCE TO ALL PERSONNEL ATTACHED, ASSIGNED, OR REPORTING TO III MEF UNITS, BOTH IN JAPAN AND HAWAII. MEDICAL PERSONNEL SHALL BECOME FAMILIAR WITH REQUIREMENTS OF THIS MESSAGE AND OBTAIN OR DOWNLOAD REFERENCES A THROUGH N PRIOR TO DEPLOYMENT WITHIN THE III MEF AREA OF OPERATIONS (AO).

2. LINE COMMANDERS ARE RESPONSIBLE FOR IMPLEMENTING EFFECTIVE FHP PROGRAMS AND SHOULD UTILIZE PREVENTIVE MEDICINE PERSONNEL IN PRE-DEPLOYMENT PLANNING AND BRIEFINGS. UNIT MEDICAL PERSONNEL ARE RESPONSIBLE FOR IDENTIFYING HEALTH THREATS AND APPROPRIATE COUNTERMEASURES TO LINE COMMANDERS. FORCE HEALTH PROTECTION (FHP) GUIDANCE IS PROVIDED AND DESIGNED TO PROTECT UNITS AND PERSONNEL FROM DISEASE AND NON-BATTLE INJURY. FOR DETAILED INFORMATION CONCERNING SPECIFIC OPERATIONS/EXERCISES, REFER TO THE MOST CURRENT COUNTRY OR EXERCISE FHP MESSAGES, ANNEX QS, AND HIGHER ECHELON COMMAND DIRECTIVES.

3. ADJOINING THEATER REQUIREMENTS.

3. A. INDIVIDUALS/UNITS ARE REQUIRED TO ADHERE TO REQUIREMENTS SPECIFIC TO CENTCOM OR KOREA THEATER. PRIOR TO DEPLOYMENT, FORWARD NOTIFICATION OF COMPLIANCE TO III MEF SURGEONS OFFICE BY AMHS MESSAGE.

4. IMMUNIZATION REQUIREMENTS SPECIFIC TO III MEF AO.

4. A. COMMANDERS AND SUPERVISORS MUST ENSURE ALL PERSONNEL OBTAIN REQUIRED THEATER SPECIFIC IMMUNIZATIONS PRIOR TO ARRIVAL IN THE AO. THE FOLLOWING IMMUNIZATIONS MUST BE CURRENT PRIOR TO DEPLOYING TO THE III MEF AO:

ANTHRAX, HEPATITIS A, HEPATITIS B, INFLUENZA, JAPANESE ENCEPHALITIS, MMR, POLIO, SMALLPOX, TETANUS/DIPHTHERIA, TYPHOID AND MENINGOCOCCAL 4. B. REQUIRED IMMUNIZATIONS WILL NOT BE DEFERRED UNTIL ARRIVAL IN THE AO.

4. C.1. ANTHRAX. TWO DOSES OF OR NEXT DOSE TO INCLUDE BOOSTER DOSE OF ANTHRAX VACCINE IS REQUIRED FOR ALL PERSONNEL ATTACHED/ASSIGNED TO III MEF AND FOR RESERVE FORCES OPERATING IN THE AO. FORWARD DEPLOYED NAVAL FORCES ASSIGNED OR ATTACHED TO III MEF WILL RECEIVE ADDITIONAL DOSES PER THE FDA APPROVED SCHEDULE WHILE IN THE III MEF AO.

4. C.2. HEPATITIS A. TWO SHOT VACCINE SERIES COMPLETED.

4. C.3. HEPATITIS B OR TWINRIX. THREE SHOT VACCINE SERIES COMPLETED.

4. C.4. INFLUENZA. CURRENT ANNUAL/SEASONAL VACCINE.

4. C.5. JAPANESE ENCEPHALITIS VACCINE (JEV). TWO SHOT VACCINE SERIES COMPLETED PRIOR TO ARRIVING TO A III MEF LOCATION (TWO SHOT SERIES IS IXIARO AND IS ADMINISTERED 0 AND 28 DAYS). JE VACCINATION IS REQUIRED FOR ALL FORCES ASSIGNED OR ATTACHED TO III MEF AND FOR RESERVE FORCES OPERATING IN THE AO. IN ADDITION, A BOOSTER DOSE AT ONE YEAR IS REQUIRED.

4. C.6. MMR. TWO LIFETIME DOSES OR POSITIVE CONFIRMATION OF SEROLOGICAL TESTING RECORDED IN MRRS.

4. C.7. POLIO. COMPLETED IN ACCORDANCE WITH BUMEDINST 6230.15A.

4. C.8. SMALLPOX. REQUIRED FOR ALL FORCES ATTACHED/ ASSIGNED TO III MEF AND FORWARD DEPLOYED NAVAL FORCES. FORCES ARE ALSO REQUIRED TO UNDERGO SMALLPOX BOOSTER EVERY 10 YEARS.

4. C.9. TETANUS/DIPHTHERIA. LAST DOSE REQUIRED WITHIN 10 YEARS. FOR ADULTS WHO PREVIOUSLY HAVE NOT RECEIVED A DOSE OF TDAP, ONE DOSE SHOULD BE GIVEN REGARDLESS OF INTERVAL SINCE LAST TETANUS VACCINE. 4. C.10. TYPHOID. (INJECTABLE OR ORAL). CURRENT PER PACKAGE INSERT, WITHIN TWO YEARS FOR INJECTABLE AND FIVE YEARS FOR ORAL.

4. C.11. VARICELLA. DOCUMENTED RECEIPT OR CONFIRMATION OF IMMUNITY VIA SEROLOGICAL TESTING IN ACCORDANCE WITH BUMEDINST 6230.15A.

4. C.12 HPV. HUMAN PAPILLOMA VIRUS 4 VACCINE WILL BE OFFERED TO ALL III MEF PERSONNEL PER CURRENT ACIP RECOMMENDATIONS. BIVALENT HPV 2 MAY BE OFFERED TO FEMALES IN THE INDICATED AGE RANGE.

4. C.13 MENINGOCOCCAL IMMUNIZATION IS MANDATORY FOR BASIC TRAINEES AND CADETS AT SERVICE ACADEMIES WITHIN THE FIRST TWO WEEKS OF TRAINING AND WILL BE VALIDATED UPON ARRIVAL AND INPROCESSING OF III MEF UNITS.

4. D. IMMUNIZATION RECORD. IMMUNIZATION DATA WILL BE ENTERED THROUGH SERVICE IMMUNIZATION TRACKING SYSTEMS, (ARMY-MEDPROS, AIR FORCE-ASIMS, COAST GUARD-MRRS, NAVY-MRRS (ASHORE) OR SAMS (AFLOAT) AND MARINE CORPS-MRRS). III MEF AND SUBORDINATE COMMANDS WILL MONITOR IMMUNIZATION COMPLIANCE VIA MRRS IMMUNIZATION SCHEDULING REPORTS.

4. D.1. IN ADDITION TO SERVICE DIRECTED VACCINATIONS BEING COMPLETED PER REFERENCE G, ALL III MEF ASSIGNED OR ATTACHED REGARDLESS OF PHYSICAL LOCATION WILL HAVE THE FOLLOWING IMMUNIZATIONS CHECKED AS REQUIRED IN MRRS: ANTHRAX; POLIO; HEPATITIS A/B; INFLUENZA; JAPANESE ENCEPHALITIS; SMALLPOX, TYPHOID; MMR; MGC; TETANUS; AND VARICELLA. MEDICAL STAFF AND MEDICAL READINESS POINTS OF CONTACT WILL ROUTINELY CHECK PRIOR TO THE END OF THE MONTH THAT THESE ADDITIONAL IMMUNIZATIONS ARE CHECKED AS REQUIRED IN MRRS.

4. D.2. THE FOLLOWING UNIT WILL HAVE THE IMMUNIZATIONS IN 4.D.1 CHECKED AS REQUIRED, BUT ANTHRAX, SMALLPOX AND JAPANESE ENCEPHALITIS DEFERRED AS NOT REQUIRED: RUC/MCC 010711J0 MALS-24. IF SERVICE MEMBERS FROM RUC/MCC 010711J0 DEPLOY AS INDIVIDUAL AUGMENTEES TO OKINAWA, CENTCOM OR KOREA, THE IMMUNIZATIONS WILL BE UNDEFERRED AND CONFIRMED CHECKED AS REQUIRED UNLESS AUTHORIZED A DEFERRAL UNDER REF G TABLE C-1 AND C-2.

4. D.3. ALL OTHER III MEF UNITS ARE PROHIBITED FROM USING DEFERRAL CODES UNLESS SPECIFICLY JUSTIFIED PER REFERENCE G TABLE C-1 AND C-2.

4. D.4. PROVIDERS/IDC'S OR CORPSMAN MUST DOCUMENT DEFERRALS AND SEROLOGICAL TESTING RESULTS INTO THE AHLTA ELECTRONIC HEALTH CARE RECORD IF AVAILABLE AS WELL AS IN MRRS UNDER THE COMPREHENSIVE MEDICAL ENTRY "TESTS" MODULE TO DOCUMENT THE TITER DATE FOR HEP A; HEB B; VARICELLA; MEASLES AND RUBELLA OR RESULTS OR THE DEFERRALS WILL NOT BE ACCEPTED.

5. MALARIA CHEMOPROPHYLACTIC MEDICATIONS.

5. A. THERE IS NO MALARIA RISK IN JAPAN/HAWAII.

5. B. FOR III MEF FORCES DEPLOYING WITHIN THE AO, MALARIA RISK VARIES SIGNIFICANTLY BY LOCATION AND SEASON. RECOMMENDATIONS FOR CHEMOPROPHYLAXIS ARE BASED UPON THREAT ASSESSMENTS PROVIDED BY NCMI, CDC, AND THE WHO. CURRENT ASSESSMENTS OF MALARIA WILL BE REVIEWED BY ALL DEPLOYING UNITS. THE III MEF SURGEONS OFFICE WILL DETERMINE LEVELS OF RISK FOR THE VARIOUS COUNTRIES WITHIN THE AO AND WILL MAKE THE INFORMATION AVAILABLE THROUGH APPROPRIATE CHANNELS VIA EXERCISE MESSAGES, DEPLOYMENT BRIEFS, AND THREAT RISK ASSESSMENTS POSTED ON THE III MEF SURGEONS WEB PAGE. COMPONENT SURGEONS CAN SEEK APPROVAL TO MODIFY MALARIA CHEMOPROPHYLAXIS GUIDANCE FOR THEIR SUBORDINATE UNITS BASED ON LATEST INTELLIGENCE, GROUND TRUTH, AND CURRENT THREAT RISK ASSESSMENT. REFERENCES A, B, J, AND L ARE AVAILABLE RESOURCES TO ASSIST THREAT RISK ASSESSMENTS. SUCH REQUESTS FOR MODIFICATION SHOULD INCLUDE THE SPECIFIC CHARACTERISTICS OF THE DEPLOYMENT, INCLUDING THE DURATION OF DEPLOYMENT, LOCATION OF DEPLOYMENT,

ANTICIPATED EXPOSURE TO NIGHT BITING MOSQUITOES, BILLETING, TYPE OF ACTIVITIES AND OTHER FACTORS. THE REQUEST MUST BE PRESENTED TO THE III MEF PREVENTIVE MEDICINE DEPARTMENT FOR ASSESSMENT AND SUBSEQUENT CONCURRENCE/NONCONCURRENCE.

5. B.1. IF MALARIA CHEMOPROPHYLAXIS IS REQUIRED, DOXYCYCLINE IS THE MEDICATION OF CHOICE. MALARONE IS ACCEPTABLE WITH A LOW SIDE EFFECT PROFILE BUT IS COST PROHIBITIVE OUTSIDE OF DOXYCYCLINE SHORTAGES. DIRECTLY OBSERVED CHEMOPROPHYLAXIS IS A RECOMMENDED APPROACH TO IMPROVE COMPLIANCE.

5. B.2. DOXYCYCLINE IS ADMINISTERED 100MG DAILY STARTING 2 DAYS PRIOR TO DEPARTURE, CONTINUED THROUGHOUT DEPLOYMENT AND FOR AN ADDITIONAL 28 DAYS AFTER RETURN. DOXYCYCLINE MAY BE GIVEN TO THOSE ON FLIGHT STATUS AFTER AN INITIAL 2 DAY GROUNDING PERIOD WITH NO SIGNIFICANT SIDE EFFECTS. DOXYCYCLINE SHOULD NOT BE GIVEN TO PREGNANT SERVICE MEMBERS. MALARONE IS ADMINISTERED 250MG ATOVAQUONE/100MG PROGUANIL HYDROCHLORIDE DAILY STARTING 2 DAYS BEFORE GOING INTO AN AREA WITH MALARIA, DAILY WHILE IN THE MALARIA ZONE, AND FOR ONLY 7 DAYS AFTER LEAVING.

5. B.4. FORCES DEPLOYING IN AREAS WITH HIGH RISK OF P.OVALE AND P.VIVAX REQUIRE TERMINAL PROPHYLAXIS WITH PRIMAQUINE. BEFORE PRESCRIBING PRIMAQUINE, ALL PERSONNEL MUST BE TESTED FOR G6PD, IN ACCORDANCE WITH SERVICE POLICY. PRIMAQUINE WILL NOT BE GIVEN TO THOSE WHO ARE G6PD DEFICIENT. THOSE PERSONNEL WILL INSTEAD BE RETESTED TO CONFIRM THEIR STATUS. IF INDEED THEY ARE G6PD DEFICIENT THEN THE INDIVIDUAL WILL BE COUNSELED AND CLOSELY MONITORED. THE CDC RECOMMENDS PRIMAQUINE BE DOSED AT 30MG DAILY FOR 14 DAYS FOR MAXIMUM EFFECTIVENESS, STARTING THE DAY OF DEPARTURE FROM MALARIOUS AREA. NONCOMPLIANCE WITH PRIMAQUINE TERMINAL PROPHYLAXIS IS COMMON. DIRECTLY OBSERVED CHEMOPROPHYLAXIS IS RECOMMENDED WHEN FEASIBLE 6. LABORATORY TESTS. 6. HIV TESTING/SERUM SAMPLE. SCREENING WILL BE WITHIN THE PREVIOUS 12 MONTHS PRIOR TO DEPLOYMENT. CIVILIAN SCREENING WILL BE IN ACCORDANCE WITH DOD, SERVICE, SOFA, AND HOST NATION REQUIREMENTS. ONCE IN THEATER, REQUIRED EVERY TWO YEARS, OR BY EXCEPTION IF FURTHER DEPLOYED TO CENTCOM AO.

8. TUBERCULIN SKIN TESTING (PPD) SCREENING.

8. A. PPD TEST IS PERFORMED ON RISK ASSESSMENT IAW REF M WHILE ASSIGNED IN THE III MEF AO.

8. B. PPD CONVERTERS/REACTORS WILL BE HANDLED IN ACCORDANCE WITH REFERENCE M.

8. C. ADDITIONAL PPD MAY BE REQUIRED FOR PRE-DEPLOYMENT AND POST-DEPLOYMENT IN ACCORDANCE WITH RISK ASSESSMENT, COCOM AND/OR SERVICE GUIDELINES.

9. FITNESS FOR DEPLOYMENT.

9. A. UNIFORMED SERVICE MEMBERS COMING INTO AO MUST BE FIT FOR WORLDWIDE DEPLOYABILITY ACCORDING TO THEIR SERVICE REGULATIONS AND GUIDANCE.

PERIODIC HEALTH ASSESSMENTS (PHA) AND SPECIAL DUTY EXAMS MUST BE CURRENT PRIOR TO DEPLOYMENT IN ACCORDANCE WITH SERVICE POLICY.

9. B. ALL PERSONNEL (UNIFORMED SERVICE MEMBERS, GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, AND CONTRACTOR EMPLOYEES) DEPLOYING TO THEATER MUST BE MEDICALLY (INCLUDING DENTAL) AND PSYCHOLOGICALLY FIT FOR DEPLOYMENT PER DOD AND SERVICE POLICY.

10. DEPLOYMENT HEALTH. CONTINUAL HAZARD AND RISK ASSESSMENT IS VITAL BEFORE AND ESPECIALLY DURING DEPLOYMENT. OPERATIONS IN THE AO REQUIRE A COMPLETE COMMAND PREVENTION PROGRAM INVOLVING PROCUREMENT OF SUPPLIES, TRAINING AND SUPERVISION, COUPLED WITH COMMAND LEADERSHIP SUPPORT AND PROGRAM ENFORCEMENT.

10. A. COMMANDERS WILL ENSURE ALL PERSONNEL HAVE UNIFORMS (AND BEDNETS IF LIVING IN FIELD CONDITIONS) TREATED WITH PERMETHRIN AND ARE ISSUED TWO TUBES/BOTTLES OF DEET INSECT REPELLANT. ADDITIONALLY THEY WILL ENSURE THAT UPON ARRIVAL ALL PERSONNEL ARE ISSUED ONE BOTTLE OF ALCOHOL BASED HAND SANITIZER. PURCHASE OF INSECT REPELLANTS AND HAND SANITIZER IS A UNIT RESPONSIBILITY. THE FOLLOWING PERSONNEL PROTECTIVE SUPPLIES (PPS) GUIDELINES APPLY:

10. A.1. PROCURE DEET INSECT REPELLENT (NSN 6840-01-284-3982) AND ALCOHOL BASED HAND SANITIZER (NSN 8520-00-0000-0003).

10. A.2. TREAT FIELD UNIFORMS WITH PERMETHRIN IF NOT PREVIOUSLY TREATED OR MANUFACTURER TREATED. PREFERRED TREATMENT IS 40% LIQUID PERMETHRIN (NSN 6840-01-334-2666) ASSISTANCE FOR PERMETHRIN APPLICATION IS AVAILABLE FROM LOCAL PREVENTIVE MEDICINE (PM) SUPPORT. ALTERNATIVE: TREAT UNIFORMS WITH PERMETHRIN AEROSOL IN SIX-OUNCE CANS (NSN 6840-01-278-1336).

10. A.3. PROCURE PERMETHRIN TREATED BED NETS FOR ALL PERSONNEL IN FIELD CONDITIONS IN AREAS WHERE VECTOR-BORNE DISEASES ARE PRESENT.

10. A.4. ADDITIONAL PPE. ENSURE PERSONNEL BRING SUNSCREEN, LIP BALM, HEARING PROTECTION, 1-2 MONTHS OF REQUIRED PRESCRIPTION MEDICATIONS (WITH NAMES/DRUG/DOSE ON LABEL FOR CUSTOMS), AT LEAST ONE EXTRA PAIR OF GLASSES, AND OPTICAL GAS MASK INSERTS, IF NEEDED. MEDICATIONS SHOULD BE ISSUED/TRANSPORTED/CARRIED IN WATER -TIGHT CONTAINERS. THERE IS OFTEN NO OPPORTUNITY TO RE-SUPPLY LOST/DAMAGED MEDICATIONS. MEDICATIONS FROM LOCAL SOURCES SHOULD BE CONSIDERED UNRELIABLE.

10. B. CONDUCT FHP/PM BRIEFING. THE FOLLOWING TOPICS SHOULD BE COVERED: LOCAL FOOD AND WATER PRECAUTIONS, USE OF PERSONAL PROTECTIVE SUPPLIES, MALARIA CHEMOPROPHYLAXIS, STD AVOIDANCE, INFECTIOUS DISEASE RISKS, ENVIRONMENTAL RISKS, SURFACE WATER AVOIDANCE, ANIMAL AVOIDANCE, HEAT/WATER DISCIPLINE, INJURY AVOIDANCE (E.G., MOTOR VEHICLES, SPORTS ACTIVITIES), COMBAT STRESS CONTROL AND LEADERSHIP RESPONSIBILITIES TO ENFORCE PREVENTIVE MEASURES.

10. C. DEPLOYMENT HEALTH SURVEILLANCE. CONDUCT DISEASE AND NON-BATTLE INJURY (DNBI) SURVEILLANCE AS DIRECTED BY HIGHER COMMANDS OR AS REQUIRED IN APPROPRIATE ANNEX Q. LIKELY SYNDROMIC GROUPS IN THIS AO INCLUDE GASTROINTESTINAL, RESPIRATORY, FEVER, NEUROLOGIC AND DERMATOLOGIC GROUPS.

10. D. TRAINING. ALL PERSONNEL WILL BE BRIEFED ON THE MEDICAL CONOPS AND CASEVAC PLAN PRIOR TO EACH INTRA-THEATER DEPLOYMENT. FOR MOST OPERATIONS AND EXERCISES IN THE PACOM AO, THE MEDICAL PLAN MAKES USE OF THE TRICARE GLOBAL REMOTE OVERSEAS (TGRO) PROGRAM, WHICH OFFERS ASSISTANCE TO DEPLOYED/TAD/ON-LEAVE OPERATIONAL FORCES FOR URGENT AND EMERGENT MEDICAL CARE. ALL PERSONNEL WILL BE ISSUED THE TRICARE MANAGEMENT ACTIVITY (TMA) TRIFOLD, HEALTHCARE WHEN TRAVELING IN THE REMOTE PACIFIC PRIOR TO INTRA-THEATER DEPLOYMENTS AND WILL BE ENCOURAGED TO REMOVE THE WALLET CARD FROM THIS TRIFOLD AND CARRY IT IN A SAFE LOCATION AT ALL TIMES.

11. DEPLOYMENT HEALTH ASSESSMENTS.

11. A. PRE-DEPLOYMENT HEALTH ASSESSMENT (DD 2795).

11. A.1. PRE-DEPLOYMENT HEALTH ASSESSMENTS ARE NOT REQUIRED FOR DEPLOYMENT TO JAPAN/HAWAII, BUT MAY BE REQUIRED FOR DEPLOYMENTS WITHIN THE AO.

11. A.2. PRE-DEPLOYMENT HEALTH ASSESSMENTS ARE REQUIRED ONLY FOR THOSE PERSONNEL DEPLOYING FOR OVER 30 DAYS. PRE-DEPLOYMENT HEALTH ASSESSEMNTS MUST BE COMPLETED WITHIN 60 DAYS OF THE EXPECTED DEPLOYMENT DATE, ELECTRONICALLY THROUGH THE NAVY AND MARINE CORPS PUBLIC HEALTH CENTER (NMCPHC) PORTAL AND DOCUMENTED IN MRRS AFTER HEALTHCARE PROVIDER ONLINE MEDICAL CERTIFICATION WITHIN NMCPHC IS EXECUTED.

11. B. POST-DEPLOYMENT HEALTH ASSESSMENT (DD 2796).

11. B.1. ALL PERSONNEL WHO COMPLETED A PRE-DEPLOYMENT HEALTH ASSESSMENT WILL COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2796) AS CLOSE TO REDEPLOYMENT AS POSSIBLE, BUT NO LATER THAN 30 DAYS FOLLOWING RETURN. THESE ASSESSMENTS ARE COMPLETED

ELECTRONICALLY THROUGH THE NMCPHC PORTAL AND DOCUMENTED IN MRRS AFTER HEALTHCARE PROVIDER ONLINE MEDICAL CERTIFICATION WITHIN NMCPHC IS EXECUTED.

11. B.2. POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) (DD 2900) IS THE THIRD AND FINAL IN THE SERIES OF DEPLOYMENT HEALTH ASSESSMENTS. THE PDHRA IS TO BE DONE ELECTRONICALLY THROUGH THE NMCPHC PORTAL 90-180 DAYS AFTER REDEPLOYMENT AND DOCUMENTED IN MRRS AFTER HEALTHCARE PROVIDER ONLINE MEDICAL CERTIFICATION WITHIN NMCPHC IS EXECUTED.

11. B.3. AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS (ANAM) IS A COMPUTERIZED BATTERY THAT MEASURES COGNITIVE PERFORMANCE RELATED TO ATTENTION, MEMORY, AND PROCESSING OF INFORMATION. A BASELINE TEST IS REQUIRED OF ANY III MEF MEMBER PRIOR TO BEING DEPLOYED IN AN AREA WHERE A TRAUMATIC BRAIN INJURY MIGHT OCCUR.

12. DISEASE RISK. SUBJECTS REQUIRING KEY CONSIDERATION INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

12. A. FOOD CONTAMINATION. CONTAMINATION OF FOOD WITH FECAL PATHOGENS MAY RESULT FROM USE OF FERTILIZERS CONTAINING HUMAN OR ANIMAL WASTE, UNSANITARY FOOD PREPARATION TECHNIQUES AND IMPROPER HANDLING OF PREPARED FOOD PRODUCTS.

12. B. WATER CONTAMINATION. UNTREATED DOMESTIC AND INDUSTRIAL WASTES AND OTHER NON-POINT SOURCES OF CONTAMINATION DEGRADE WATER QUALITY IN BOTH RURAL AND URBAN AREAS. CONSUMPTION OF WATER CONTAMINATED WITH RAW SEWAGE OR RUNOFF CONTAINING FECAL PATHOGENS WILL LIKELY CAUSE SEVERE DIARRHEA.

12. C. HEAT INJURIES. HIGH HEAT AND HUMIDITY ARE SIGNIFICANT MEDICAL THREATS IN THE AO. ACCLIMATION, PHYSICAL CONDITIONING AND COMMAND EFFORTS ARE CRITICAL IN PREVENTION OF HEAT INJURIES. FOR FURTHER GUIDANCE REFER TO REFERENCE N. ALL DOCUMENTED HEAT STROKE AND HEAT EXHAUSTION CASES REQUIRE MEDICAL EVENT REPORTS PER REF C.

12. E. SEXUALLY TRANSMITTED DISEASES (STD) AND HIV OCCUR IN HIGH RATES IN COMMERCIAL SEX WORKERS.

12. F. FRESH WATER CONTACT DISEASES SUCH AS LEPTOSPIROSIS AND SCHISTOSOMIASIS ARE COMMON. PERSONNEL SHOULD AVOID EXCESSIVE CONTACT AND/OR SWIMMING IN FRESH WATER. PERSONS AT RISK FOR LEPTOSPIROSIS WILL BE GIVEN DOXYCYCLINE IN THE RECOMMENDED DOSE OF 200 MG ONCE WEEKLY WHEN ENCOUNTERING DISEASE THREAT AREA.

12. G. AIR CONTAMINATION. URBAN AIR POLLUTION IN PORTIONS OF THE AO CAN CAUSE EXACERBATION OF RESPIRATORY AILMENTS. URBAN AIR CONTAINS HIGH LEVELS OF SUSPENDED PARTICULATE MATTER FROM VEHICLE TRAFFIC, INDUSTRY, CONSTRUCTION, AND OPEN-AIR BURNING. ASIAN DUST (AKA AEOLIAN DUST, YELLOW DUST, YELLOW SAND, YELLOW WIND OR CHINA DUST) IS A SEASONAL METEOROLOGICAL PHENOMENON AFFECTING MUCH OF ASIA DURING THE MONTHS OF MARCH THROUGH JUNE. RESPIRATORY PROBLEMS, SUCH AS ASTHMA AND SEASONAL ALLERGIES, AND EYE-RELATED PROBLEMS SUCH AS CONJUNCTIVITIS HAVE BEEN REPORTED.

12. I. SNAKES. A SIGNIFICANT NUMBER OF POISONOUS SNAKES EXIST IN THE III MEF AO. REFER TO COUNTRY SPECIFIC GUIDANCE FOR SPECIES IDENTIFICATION, SNAKE BITE TREATMENT, AND ANTI-VENOM AVAILABILITY.

12. J. RABIES IS ENDEMIC THROUGHOUT THE AO. VACCINATION IS INDICATED FOR THOSE FORCES DEPLOYING FOR EXTENDED PERIODS OF TIME INTO ISOLATED, RURAL AREAS AND FOR THOSE OCCUPATIONS REQUIRING IT INCLUDING MILITARY WORKING DOG HANDLERS. PERSONNEL SHOULD PREVENT BITES AND SCRATCHES BY AVOIDING CONTACT WITH ANIMALS, INCLUDING LOCAL PETS. IF BITTEN/SCRATCHED, IMMEDIATELY WASH THE WOUND WITH SOAP AND WATER AND SEEK MEDICAL ATTENTION. ALL DOCUMENTED ANIMAL BITES REQUIRE MEDICAL EVENT REPORTING AS PER REF C.

13. FOR ADDITIONAL ADVICE OR GUIDANCE REGARDING III MEF FORCE HEALTH PROTECTION (FHP) REQUIREMENTS, CONTACT THE III MEF SURGEON'S OFFICE. POC// POC//LCDR DIERKS, J / PREVENTIVE MEDICINE OFFICER/622-2518/ CG III MEF SURG/LOC: CAMP COURTNEY, JP/ Elements Of Service:

TO Addressees ADD I MEF, II MEF, BUMED, HQMC (DN1) DOD, USMC, ORGANIZATIONS, 1ST MAW, CG 1ST MAW(UC), CG

1ST MAW G-1(UC) (DN2) DOD, USMC, ORGANIZATIONS, 1ST MAW, CG 1ST MAW(UC), CG 1ST MAW MED(UC) (DN3) DOD, USMC, ORGANIZATIONS, 1ST MAW, CG 1ST MAW(UC)

(DN4) DOD, USMC, ORGANIZATIONS, 3D MLG, CG 3D MLG(UC), CG 3D MLG G-1(UC)

(DN5) DOD, USMC, ORGANIZATIONS, 3D MLG, CG 3D MLG(UC), CG 3D MLG HSSE(UC)

(DN6) DOD, USMC, ORGANIZATIONS, 3D MLG, CG 3D MLG(UC)

(DN7) DOD, USMC, ORGANIZATIONS, 3RD MARDIV, CG 3RD MARDIV(UC), CG 3RD MARDIV G-1(UC)

(DN8) DOD, USMC, ORGANIZATIONS, 3RD MARDIV, CG 3RD MARDIV(UC)

CC/Info Addressees(DN1) DOD, USMC, ORGANIZATIONS, III MEF, CG III MEF(UC),  
CG III MEF G-1(UC)  
(DN2) DOD, USMC, ORGANIZATIONS, III MEF, CG III MEF(UC), CG III MEF  
MED(UC)  
(DN3) DOD, USMC, ORGANIZATIONS, III MEF, CG III MEF(UC)  
(DN4) DOD, USMC, ORGANIZATIONS, III MEF, DEP CG III MEF(UC)  
Originator-DNDOD, USMC, ORGANIZATIONS, III MEF, CG III MEF(UC), CG III MEF  
MED(UC)  
ClassificationMark-ACP120UNCLASSIFIED/  
PrivacyMark-ACP120PRIVACY MARK UNDEFINED  
PrecedenceCopyROUTINE  
Recipient-DNDOD, USMC, ORGANIZATIONS, 3RD MARDIV, CG 3RD MARDIV(UC), CG  
3RD MARDIV G-1(UC)  
772-Copy-Recipient-DN(1) /C=US/O=U.S.  
GOVERNMENT/OU=DOD/OU=USMC/OU=ORGANIZATIONS/L=MCB CAMP BUTLER JP/OU=III  
MEF/OU=CG III MEF(UC)/OU=CG III MEF G-1(UC)  
(2) /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=USMC/OU=ORGANIZATIONS/L=MCB CAMP  
BUTLER JP/OU=III MEF/OU=CG III MEF(UC)/OU=CG III MEF MED(UC)  
(3) /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=USMC/OU=ORGANIZATIONS/L=MCB CAMP  
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(4) /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=USMC/OU=ORGANIZATIONS/L=MCB CAMP  
BUTLER JP/OU=III MEF/OU=DEP CG III MEF(UC)

AMHS 3.1.4UNCLASSIFIED/III MEF FORCE HEALTH PROTECTION (FHP) REQUIREMENTS 2014

Originator:CG III MEF MED(UC)

DTG:210518Z Jun 13 Precedence: Routine DAC: General

To:CG 1ST MAW G-1(UC), CG 1ST MAW MED(UC), CG 1ST MAW(UC), CG 3D MLG G-1(UC), CG 3D MLG HSSE(UC), CG 3D MLG(UC), CG 3RD MARDIV G-1(UC), CG 3RD MARDIV(UC)

CC:CG III MEF G-1(UC), CG III MEF MED(UC), CG III MEF(UC), DEP CG III MEF(UC)

UNCLASSIFIED/

UNCLASSIFIED//

MSGID/GENADMIN/CG III MEF FORCE SURGEON//

POC//LCDR DIERKS,J. / PREVENTIVE MEDICINE OFFICER /622-2518/

EMAIL:JOY.DIERKS@USMC.MIL

GENTEXT/REMARKS//1. THIS MESSAGE PROVIDES AN ADDENDUM TO THE PREVIOUS III MEF FHP GUIDANCE FOR ALL PERSONNEL ATTACHED, ASSIGNED, OR REPORTING TO III MEF UNITS, BOTH IN JAPAN AND HAWAII.

2. VISION READINESS. THE VISION READINESS OF EACH SERVICE MEMBER WILL BE ASSESSED WITHIN 12-MONTHS OF DEPLOYMENT. SERVICE MEMBERS CLASSIFIED AS VISION READINESS CLASSIFICATION ONE AND TWO ARE FULLY DEPLOYABLE. SERVICE MEMBERS IN CLASS THREE OR FOUR ARE NOT DEPLOYABLE. SERVICE MEMBERS WHO ARE IN CLASS THREE (UNCORRECTED VISION WORSE THAN 20/40 OR WHO DO NOT POSSES REQUIRED OPTICAL DEVICES) OR CLASS FOUR (LAST VISION SCREENING OR EYE EXAM IS GREATER THAN ONE YEAR OLD OR VISION CLASSIFICATION IS UNKNOWN) AT THE TIME OF SCREENING WILL IMMEDIATELY BE RECLASSIFIED AFTER OBTAINING CORRECTIVE VISION OR OPTICAL SERVICES. ALL THOSE WHO DEPLOY REQUIRING CORRECTIVE LENSES MUST HAVE MINIMUM OF ONE BACKUP PAIR OF SPECTACLES.

3. CONTACT LENSES. SERVICE MEMBERS WHO MUST WEAR CONTACT LENSES TO ACHIEVE VISION STANDARDS, WHO CANNOT SATISFACTORILY PERFORM THEIR MOS WITH THEIR BEST SPECTACLE CORRECTION, OR FALL BELOW VISION RETENTION STANDARDS WITH THEIR BEST SPECTACLE PRESCRIPTION SHOULD NOT DEPLOY. CONTACT LENS WEAR IS NOT AUTHORIZED IN FIELD ENVIRONMENTS OR WHILE DEPLOYED.

4. FOR ADDITIONAL ADVICE OR GUIDANCE REGARDING III MEF FORCE HEALTH PROTECTION (FHP) REQUIREMENTS, CONTACT THE III MEF SURGEON'S OFFICE. POC// POC//LCDR DIERKS, J / PREVENTIVE MEDICINE OFFICER/622-2518/ CG III MEF SURG/LOC: CAMP COURTNEY,JP/

Elements Of Service:

TO Addressees ADD I MEF, II MEF, BUMED, HQMC (DN1) DOD, USMC, ORGANIZATIONS, 1ST MAW, CG 1ST MAW(UC), CG

1ST MAW G-1(UC) (DN2) DOD, USMC, ORGANIZATIONS, 1ST MAW, CG 1ST MAW(UC), CG 1ST MAW MED(UC) (DN3) DOD, USMC, ORGANIZATIONS, 1ST MAW, CG 1ST MAW(UC)

(DN4) DOD, USMC, ORGANIZATIONS, 3D MLG, CG 3D MLG(UC), CG 3D MLG G-1(UC)

(DN5) DOD, USMC, ORGANIZATIONS, 3D MLG, CG 3D MLG(UC), CG 3D MLG HSSE(UC)

(DN6) DOD, USMC, ORGANIZATIONS, 3D MLG, CG 3D MLG(UC)

(DN7) DOD, USMC, ORGANIZATIONS, 3RD MARDIV, CG 3RD MARDIV(UC), CG 3RD

MARDIV G-1(UC)

(DN8) DOD, USMC, ORGANIZATIONS, 3RD MARDIV, CG 3RD MARDIV(UC)

CC/Info Addressees(DN1) DOD, USMC, ORGANIZATIONS, III MEF, CG III MEF(UC), CG III MEF G-1(UC)

(DN2) DOD, USMC, ORGANIZATIONS, III MEF, CG III MEF(UC), CG III MEF MED(UC)

(DN3) DOD, USMC, ORGANIZATIONS, III MEF, CG III MEF(UC)

(DN4) DOD, USMC, ORGANIZATIONS, III MEF, DEP CG III MEF(UC)

Originator-DNDOD, USMC, ORGANIZATIONS, III MEF, CG III MEF(UC), CG III MEF MED(UC)

ClassificationMark-ACP120UNCLASSIFIED/

PrivacyMark-ACP120PRIVACY MARK UNDEFINED

PrecedenceCopyROUTINE

Recipient-DNDOD, USMC, ORGANIZATIONS, 3RD MARDIV, CG 3RD MARDIV(UC), CG 3RD MARDIV G-1(UC)

772-Copy-Recipient-DN(1) /C=US/O=U.S.

GOVERNMENT/OU=DOD/OU=USMC/OU=ORGANIZATIONS/L=MCB CAMP BUTLER JP/OU=III MEF/OU=CG III MEF(UC)/OU=CG III MEF G-1(UC)

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## Checklist

Current PHA; to include hearing conservation, occupational exams and dental readiness (class I or II)

World-wide deployable without restrictions, no limited or light duty (waivers may be sought through III MEF surgeon's office)

Current Medications; ensure adequate supply for deployment/ transfer

Allergies annotated; no disqualifying medications, epi pen if required

Corrective lens prescription

Medical Alert Tags

Documentation of G6PD, sickle cell, blood type, Rh, and DNA in MRRS

## Current Special Duty Examination

### Immunizations:

1. Anthrax; minimum of 2 doses for start of series, otherwise current booster
2. Hepatitis A; completion of 2 dose series
3. Hepatitis B; completion of 3 dose series
4. Influenza; annual vaccine
5. Japanese Encephalitis vaccine; completion of 2 dose series (day 0 and day 28)
6. MMR; 2 doses or positive serology
7. Polio
8. Small Pox; up to date
9. Tetanus/ Diphtheria; up to date
10. Meningococcal; up to date
11. Typhoid; up to date
12. Varicella; up to date or positive serology
13. HPV- if indicated

Malaria Chemoprophylaxis plan- approved by III MEF Surgeon's Office

Risk Based TB evaluation

HIV test; current within past year